

(July 2000)

Department of the Treasury
Internal Revenue Service**Part I General Information**

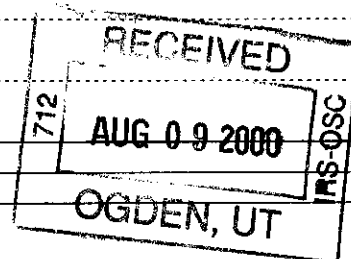
1 Name of organization ERQUOIS COUNTY REPUBLICAN CENTRAL COMMITTEE		Employer identification number 5880
2 Mailing address (P.O. Box or number, street, and room or suite number) 407 WEST SEMINARY		
City or town, state, and ZIP code ONARSA, IL. 60455		
3 E-mail address of organization N/A		
4a Name of custodian of records EDWARD A. RONNA	4b Custodian's address 407 WEST SEMINARY ONARSA, IL. 60455	
5a Name of contact person EDWARD A. RONNA	5b Contact person's address SAME AS ABOVE	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
HELP LOCAL REPUBLICANS RUN CAMPAIGNS
FOR OFFICE, HOLD FUND RAISER FOR
STATE FEDERAL AND LOCAL REPUBLICANS

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



Part IV

9a Name _____

9b Title

9c Address

SHelby TOWNSHEND

CHAIRMAN

608 E. LINCOLN AVE

(NO PAY)

WATKINS, IL. 60970

Russen Geistler

vice - chairman

308 N. DAK ST.

(NO PAY)

DNAGA, IL 60455

Andene ANDERSON

СЕКРЕТАРЬ

2929 E. 2600 N. Rd.

(NO PAY)

DANQUAN, FL. 60931

EDWARD A. RONNA

TREASURED

407 West Seminary

(NO PAY)

ONAKA, IL 60455

Jean Hiles

CHAIR WOMAN

1688 € 1400 Rd.

(NO PAY)

WATSEK A, IL 60970

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official

Date _____